UTILITY PATENT APPLICATION TRANSMITTAL

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Attorney Docket No.	77777.008529	PTC	
First Inventor	Elizabeth R. DYOR.	8. 158	Ī
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APPLICATION ELEMENTS				Assistant Commissioner for Patents Box Patent Application Washington, DC 20231							
1. X Fee Transmittal Form					5. Microfiche Computer Program (Appendix)					Appendix)	
2. Specification						6. Nuce	elotide/Amir	no Acid Se	quence(i	f appli	cable)
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			References to Related			b.				•	outer copy)
- Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix						c. Statement verifying identity of said copies					
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			ummary of the Invention			8. 🔲	37 C.F.F	R. § 3.73(b) Statem	t 🛛	Power of
			escription of the Drawi d Description	ngs			(when th	here is an a	assignee)	Attorney
		- Claim(s	•			9. 🗆	English	Translatio	n		
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3.		awings				11. 🛛	Prelimin	ary Amend	dment	Dis	formation sclosure
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			igned statement attach				and des		all01131	alus s	iiii propei
			ventor(s) named in pri se 37 C.F.R. §§ 1.63(d		711,	14.		Ce	ertified Co	py of	Priority
1.33(b).					Document(s) 15.						
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*NO	NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY										
FEE	EES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT										
	IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).										
	16. If a CONTINUING APPLICATION,								:I		
☐ Continuation ☐ Divisional ☐ CIP ☐ with the prior application, from which an oath or declaration is sup-						upplied u	nder Box 4	b. is consi			isclosure of the
disc	closure	of the ac	companying continuati	ion or divisio	nal a	pplication	n and is hei	reby incorp	orated b	y refe	rence. The
		on <u>can oi</u>	nly be relied upon whe	n a portion h	nas be	een inad	vertently on	nitted form	the sub	nitted	application
par	ıs.		17	. CORRESI	PONE	DENCE A	DDRESS				
	☐ Customer Number of Bar Code Label or ☐ Correspondence address below										
Nai	Name Matthew G. DYOR, Esq.										
Add	ddress 1910 T. St. NW #33										
City Washington State				DC		Zip	Zip 2000 !		20009		
Coi	untry		us	Telephone		(703) 408 6937 Fax (703) 408			08 6937		
Name (Print/Type) Matthew G. Dyor				Registration No. 45,278							
(Signature)				Date September 16, 2			6. 2000				

FEE TRANSM	I Z AI	Complete if Known				
		Application Number				
for FY 200		Filing Date	September 18, 2000			
		First Named Inventor	Elizabeth R. DYOR			
		Examiner Name				
TOTAL AMOUNT OF PAYMENT (\$) 345.00		Group / Art Unit				
	343.00	Attorney Docket No.	77777.008529			

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	2. EXTR	A CL	AIM FE	ES				110	55	Petition	to revive - unav	oidable	
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1	Large E	ntity Fee	Small Fee	Entity Fee		Fee Description		50	50	applicati	s related to prov ions	isionai	
	Code 103 1	(\$) 8	Code 203	(\$) 9	Claims in ex	cass of 20		240	240	Submiss Stmt	sion of Informati	on Disclosure	
١	102 7		202	39		claims in excess of 3		40	40		ng each patent a erty (x number o		
İ	104 26			130		endent claim, if not paid		760	380		submission afte R§ 1.129(a))	r final rejection	
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Ī	SUBMITT	ED B	Y									Complete (if app	licable)
ſ	Name (Pri	nt/Typ	^{oe)} M	atthe	w G. Dyo	or			gistration No. orney/Agent,		,278	Telephone	(703) 408 6937

Sept. 18, 2000

Date

TATEMENT CLAIMING SMALL ENTITY STATUS 37 CFR 1.9(f) & 1.27(b))INDEPENDENT INVENTOR								
Applicant, Patentee, or Identifier								
Application or Patent No.:								
FiledorIssued:	September 18, 2000							
<u> </u>	gement System							
	ereby state that I qualify as an indepen I fees to the Patent and Trademark Offi	dent inventor as defined in 37 CFR 1.9(c) ce described in:						
x the specification filed he	erewith with title as listed above.							
the application identified	l above.							
the patent identified abo	ve.							
grant, convey, or license, any rigunder 37 CFR 1.9(c) if that per	ghts in the invention to any person who v	o obligation under contract or law to assign, would not qualify as an independent inventor concern which would not qualify as a small der 37 CFR 1.9(e).						
Each person, concern, or orga obligation under contract or law	nization to which I have assigned, grar w to assign, grant, convey, or license a	nted, conveyed, or licensed or am under an ny rights in the invention is listed below:						
× No such person, conc	ern, or organization exists.							
Each such person, co	ncern, or organization is listed below.							
stating their status as small en I acknowledge the duty to file, i entitlement to small entity stat	ntities. (37 CFR 1.27) n this application or patent, notification tus prior to paying, or at the time of p	or organization having rights to the invention of any change in status resulting in loss of aying, the earliest of the issue fee or any						
maintenance fee due after the Elizabeth R. Dyor	date on which status as a small entity i	s no longer appropriate. (37 CFR 1.28(b))						
NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR						
Signature of inventor	Signature of inventor	Signature of inventor						
September 18, 2000	Date	Date						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.